'ITED STATES

SUBMIT IN T

Form approved. Budget Bureau No. 42-R1424.

CICATE*

	DESIGNATION		
	_		

(DEPAR'	TMENT OF THE INTER	RIOR verse side)	5, LEASE DESIGNATION AND SERIAL NO.	
		GEOLOGICAL SURVEY	A april 11	NM 0247971	
S (Do not use	UNDRY NC this form for pro Use "APPL	OTICES AND REPORTS posals to drill or to deepen or plug iCATION FOR PERMIT—" for such	ON WELLS g back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL GA	s 🔽			7. UNIT AGREEMENT NAME	
WELL WI	CLL OTHER			8. FARM OR LEASE NAME	
2. NAME OF OPERAT	OR 1				
David F		Skelly-Federal			
3. ADDRESS OF OPER				J. WELL NO.	
608 First Na	ational Ban	k Bldg., Midland, Tex	as	10 milito in poor on without	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				North Indian Hills (Morrow)	
Unit M, 935' FWL, 840' FSL, Sec. 9, T-21-S, R-24E, Eddy County, New Mexico				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
LC	idy Country,	Hen Mexico		Sec. 9, T-21-S, R-24-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
	4139 GL			Eddy New Mexico	
16.	Check	Appropriate Box To Indicate	Nature of Notice, Report, or (Other Data	
	• • •			QUENT REPORT OF:	
TEST WATER SH	UT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	r	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASINO	
SHOOT OR ACIDI	ZE	ABANDON*	shooting or acidizing	te Casing Report	
REPAIR WELL		CHANGE PLANS	(Other)	s of multiple completion on Well	
(Other)			Completion or Recomp	Completion or Recompletion Report and Log form.)	
17. DESCRIBE PROPOS proposed work nent to this we	k. If well is dire	OPERATIONS (Clearly state all pertin ctionally drilled, give subsurface lo	ent details, and give pertinent dates cations and measured and true vertic	, including estimated date of starting any cal depths for all markers and zones perti-	
Ran 320	04.26' of 8	8-5/8" O. D. 32# 8rd.	ST&C J-55 casing. Se	t @ 3199'. Cemented	
with 1	with 1150 sxs. Incor w/4% gel $\frac{1}{4}$ # Flocele 1 sx. and 300 sxs. Incor neat w/2% CaCl ₂ .				
No reti	No returns. Ran temperature survey. Top of cement per survey @ 180'. Cemented from top w/225 sxs. Incor w/2% CaCl2. Witnessed by representative of U.S.G.S.				
from to	op w/225 sx	s. Incor w/2% CaCl2.	Witnessed by represe	native of U.S.G.S.	
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OCT 18 1967 SURVEY

U. S. GEOLOGICAL WIEW WIEW WIEW.

RECELLATER DE SUPPLE DE LA REN MEXICO ARTESIA NEW MEXICO

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18. I hereby certify that the foregoing is true and correct	TITLE Agent	DATE October 12, 1967
APPROVED BY CONDITIONS OF APPROVAL, IF ANY.	TITLE PISTRICT ENGINEER	OCT 2 0 1967
*¢	ee instructions on Reverse Side	Des Nylapie